

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-876)							SERIAL NO.		FILING DATE		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	/						51	/			
2		/					52	/			
3		/					53	/			
4		/					54	/			
5		/					55	/			
6		/					56	/			
7		/					57	/			
8		/					58	/			
9		/					59	/			
10		/					60	/			
11		/					61	/			
12		/					62	/			
13		/					63	/			
14		/					64	/			
15		/					65	/			
16		/					66	/			
17		/					67	/			
18		/					68	/			
19		/					69	/			
20		/					70	/			
21		/					71	/			
22		/					72	/			
23		/					73	/			
24		/					74	/			
25		/					75	/			
26		/					76	/			
27		/					77	/			
28		/					78	/			
29		/					79	/			
30		/					80	/			
31		/					81	/			
32		/					82	/			
33		/					83	/			
34		/					84	/			
35		/					85	/			
36		/					86	/			
37		/					87	/			
38		/					88	/			
39		/					89	/			
40		/					90	/			
41		/					91	/			
42		/					92				
43		/					93				
44		/					94				
45		/					95				
46		/					96				
47		/					97				
48		/					98				
49		/					99				
50		/					100				
TOTAL NO.							TOTAL IND.	3			
TOTAL DEP.							TOTAL DEP.	68			
TOTAL CLAIMS							TOTAL CLAIMS	71			